

**SENIORS HELPING SENIORS**

by

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## **SENIORS HELPING SENIORS**

### **INTRODUCTION**

In the United States, by the year 2050, one out of every 3 persons (33%) will be over 55 years of age (Small, 1985). Because of increasing life expectancy, the percentage of elderly (over 65 years of age) has increased from 1 out of 9 in 1983 to an anticipated 1 out of 7 in the year 2000, and 1 out of 5 in the year 2030 (McGill and Kelley, 1990). The largest percentage of our population, the baby boomers, are growing up! Through improved technologies of health care, we are keeping them alive and well.

What will this mean for the economy, the living conditions, and the health of the nation as a whole? One potential problem that most of us are already aware of, is that older seniors require assistance in ambulating, and in general, mobility. They are, at times, not safe alone. Where will they live when they are unable to take care of themselves? Will they rely on the youthful generation and will there be enough youth to take care of them? What does the future hold for Seniors who are unable to be completely independent in their own homes? They will require some help. It may be necessary for seniors to live with family members, other seniors, assisted living facilities, or in institutions in order to assure their safety. Who will pay for this?

There is the added burden for consideration, of the rising health care costs for this aging population. Holzemer (1992, p.84) states that "based on current costs and projected numbers of elderly, health care costs in the U.S. could increase six fold by 2040." It is unlikely that the Medicare managed care systems would be able to support the acute care situation let alone assist in the "custodial care" needs of declining Senior Citizens. ("Custodial care" consists of day-to-day needs of bathing, personal care, house cleaning, shopping, and meal preparation which are not directly related to health care

elements. This is not reimbursed by any insurance but is of primary importance to all elderly citizens.)

Realizing that the numbers of elderly population would be ever increasing, it seems feasible that the ratio of 1 elderly to 2 youth will result in a declining work force. Technology has decreased the need for employees, and major corporations are scaling down their work force. This results in offers for early retirement even as early as age 55. And at age 55, people have reached only about half of their life expectancy. Age expectancy has increased continuously over the past years. In 1969-71 it was an average age of 74.9 years and increased to 78.1 years in 1982. *The Statistical Abstract of the United States* reports that life expectancy has increased to an average of 81 years in 1988 (Ansello, 1988, p.5) and is still increasing today. It is less rare for someone to reach their 100th birthday! This rise can be interpreted that there will not only be more elderly, but that there will be more feeble elders needing some sort of assistance. For this increasing elder population, planning should begin immediately to care for their anticipated problems.

This author questioned, why not use the largest resource to resolve the largest concern? Can younger seniors allay those custodial care needs that are not covered by insurance? Are seniors capable of ministering to each other? Can the younger, new retirees, who are unemployed or under-employed, assist the elderly seniors who cannot afford to pay market price for custodial care? And are Senior Citizens receptive to assistance from younger Senior Citizens?

The purpose of this paper was to collect data, through qualitative analysis, regarding the interests of Senior Citizens who had faced dependency and thus were unable to live alone. This data could determine the feasibility of a project that could be developed to implement the concept of Seniors Helping Seniors. An attempt was made to resolve the enigma of the "'graying' of America" (Murphy, 1985) and the resultant increasing ratio of Senior Citizens to youth in the years to come?

## **LITERATURE REVIEW**

To determine feasibility of the program of Seniors Helping Seniors, the literature search was focused on the subject of Senior Citizens. This revealed a plethora of articles and studies. To further simplify the search, the search was narrowed to Volunteerism. This search revealed several thousand articles. Defining it more specifically, to Seniors in Volunteerism, the number of available sources became manageable. Of all the available material, (130 sources) only one was specific to the actual research hypothesis of this paper.

One important article was especially relevant in that it outlined a similar program to the proposed theoretical hypothesis of this paper. The pilot project report "Training Seniors as Homemaker Home Health Aides" (Fisher, 1988) related to the utilization of Senior Citizens as homemakers in the care of patients in the home care arena. Homemakers, as defined in the study, although trained in their specific tasks, are considered to be non-medical personnel. Senior Citizens were considered for instruction in accomplishing delegated tasks, such as companion skills for respite assistance to a caregiver, grocery shopping, transportation, meal preparation, and light housekeeping (custodial duties). Although this was most closely related to the theory proposed, it did not deal exclusively with the concept proposed in this paper, of Seniors Helping Seniors.

Several studies dealt with volunteerism in the senior age group. The subject most commonly found was related to psychological studies regarding the trauma of retirement without preparation. There was a common subtitle related to retirement and the response of the senior to retirement at various ages. Roesenkoetter (1985) defined the role change that occurs in the emerging Senior Citizen as he/she becomes retirement age. Roesenkoetter stated from Atchley (1976) that "30% of retirees have significant problems with actual retirement" (Roesenkoetter, 1985, p.21), and "Many retirees feel useless and

unnerved by a society which places great emphasis on youthfulness, productivity, and more recently, physical conditioning. (Roesenkoetter, 1985, p.21).

Since there are increasing numbers of people being offered "buy-outs" and early retirement, there are an ever increasing number of available, unemployed, healthy senior citizens aged 55-65. It has been suggested that retirement at too early of an age is not healthy (Anderson, 1984), and that compulsory retirement can have a detrimental effect on health. Elliott (1982) states that if one retires and leaves the work force too early, his/her social environment and social roles change and results in emotional loss and grieving. It has also been suggested that employment of a "part time" nature, leisure, or recreation is necessary to balance daily activities (Ferguson, 1984).

Multiple qualitative studies dealt with self esteem and life satisfaction concerns as well as the changing roles brought on by retirement (Thomas, 1988 and Daly and Futrell, 1989). Several studies were grounded in the psychological needs of balancing work and leisure in the role of retirement. It was found that there was a statistically significant relationship between morale and the balance of hours spent in work, rest and leisure in retirement (Marino-Schorn, 1985). The Marino-Schorn study used the Philadelphia Geriatric Center (PGC) Morale Scale (seventeen items; N=33 with 23 females and 10 males). Their subjects ranged in age from 60 to 82 years of age. The study was not randomized, but it was the only one in recent years to explore the dominions of morale.

With validation of this research, it seemed feasible that early retirees would be interested in continuing their activity in some manner to develop a sense of purpose, value, and reward. Since health care has been known to satisfy the nurturing needs of many and varying professions, it appeared appropriate to hypothesize that early retirees could become useful, low cost, employees in the home care realm.

On the other hand, it was found through studies on the aging population, that not all elderly were frail. There is documentation that a growing population has remained

active throughout their senior years and have not required physical assistance, even up to their deaths (Thomas, 1988).

Specific studies dealt with the healthy senior who continued working in a part time status or who developed another means of recreation and activity that kept them in the social structure long after retirement. Eight of the articles specifically attributed improvement of attitude after retirement to preparation before retirement. Fox and Abraham (1991), Hart and Moore (1992), Small (1985), Murphy (1985), Neuhs, (1986), Thompson (1986), and Shaughnessy (1988) all concur that preparation before retirement promoted a positive attitude after retirement and a better adjustment to the new life style. "...persons nearing retirement would benefit from pre-retirement programs directed toward developing positive attitudes toward retirement and supportive social networks" (Daly and Futrell, 1989, p.32). Socially, a workplace was valuable and played an important part in the employee's life: "Many persons equate working with productivity and the satisfaction of contributing to the economy" (Hart and Moore, 1992, p.37). Therefore, preparation in retirement can set up social networks and eliminate the loneliness and isolation that follows the role change after retirement.

In conclusion, the literature was inadequate in determining the feasibility of a volunteer based Seniors Helping Seniors program. Several authors have defined morale and attitude issues; however, the need or value of a volunteer effort has not been addressed. None of the articles addressed a potential solution for the future based on a demographically "young" group of seniors. Therefore, it seemed reasonable that such a program might be valuable if the need and/or feasibility were firmly established.

The summary of the literature search revealed that even though the numbers of seniors will be increasing in the future years, those who are frail elderly will remain a small portion of the demographics. It is assumed that many of the seniors who constitute a statistic in Senior Citizen census will potentially be well enough to care for the frail elderly. The questions which have arisen are: 1) whether those healthy elderly will be

willing to assist the elderly in "custodial care" needs and 2) whether the frail elderly will want the healthy seniors to minister to them as necessary.



## THEORY

Relative to the increasing number of seniors predicted in 2050, there appears to be a need to prepare for their health and welfare needs. It is questionable if the present national, financial resources will be available for health care reimbursement. It seems even more disquieting that one third of the population will be in the Senior Citizen category. If these citizens are in need of physical help and personal assistance, there will be limited resources to provide that care. The concern is who will be able to care for this increasing population.

The theory proposed here is that Seniors who are of good health and physical stature may be able to assist in the menial (custodial) needs of many other Senior Citizens. At present, seniors are placed in nursing homes and foster homes and institutions as soon as they have difficulty in activities of daily living (dressing, toileting, cooking, etc.). When one third of the population reaches this age, it's likely there will not be facilities available to house them unless another third of the population are involved in health care professions to take care of them.

Therefore, the purpose of this study was to determine the need for assistance with personal care by seniors and if these seniors would be receptive to other seniors becoming involved in this care. In order to determine the needs assessment and feasibility of a Seniors Helping Seniors program, it was decided that one must find out (1) if seniors want to help seniors, and (2) if seniors want to be helped by seniors.

Who would best know how it feels to be in a dependent situation than the Senior Citizens themselves. It seemed appropriate to get the opinion of those who are presently facing this dilemma. Therefore it was decided that a focus group format would allow for unrestricted input and best categorize the opinions of the present Senior Citizens

regarding their needs, desires, and acceptance of custodial care from other Senior Citizens.

A needs assessment was defined through categorical questions involving living arrangements and elderly care. This was accomplished through focus group interviews with a standard set of questions to a small group of people. (See Facilitator Questions) The facilitator asked seniors if they had anticipated their present dilemma? Were they concerned about future status and living arrangements? Have they ever been caregivers to other seniors in the past when they were youthful Senior Citizens? Would they want a senior to take care of them now?

Answers to these questions could tend to be completely different for each Senior Citizen encountered. Therefore a method of appraising their opinions was devised to attain the most impromptu responses from a variety of levels of care needed. The seniors were assessed for present status of independence, based on living arrangements, as well as previous history of their caregiving when they were in the youth of their Senior Citizenship.

The general question for this paper was to answer the question, "Would a program of 'Seniors Helping Seniors' synergistically benefit the younger Senior Citizens to assist in the care of older Seniors who are more feeble and are in need of custodial care"?

It was hypothesized that the following theories would hold true:

1. That the debilitated senior will require some custodial care in later life.
2. That seniors would rather live in their own homes and have someone come in and assist them rather than be institutionalized.
3. That seniors who retire early would be willing/able to assist seniors at a fee that is plausible for satisfaction of both parties.
4. That complimentary benefits to Senior Citizens can be afforded through shared skills and expertise.
5. Utilization of the largest resource (Senior Citizens) for the largest need

(Senior Citizens) is a desirable, cost effective and beneficial solution to the problem of an increasingly dependent society.

The expected results were that seniors would have a need for custodial care. If the need for employment for early retirees can be assumed as true and reasonable, then it would seem feasible that early retirees could be utilized to assist the elderly, debilitated seniors. It was the bias of the researcher that the senior would want to stay in his/her own home as long as possible in order to maintain independence. It was also the bias of the researcher that seniors would (1) be available, (2) looking for low income work to subsidize their income, and (3) not want to jeopardize their social security retirement income with regular wage or salary. Therefore, the program of Seniors Helping Seniors could be very valuable in attaining both of the above stated goals for both the frail elderly senior as well as the unemployed, younger, healthy senior who was looking for part time employment to place meaning and value back into their retirement life.

## METHODOLOGY

A focus group format was adopted to question senior citizens of all ages. It was judged inappropriate to develop a loose ended questionnaire on this subject matter which would assay qualitative information. A standardized open-ended format initially was chosen to easily quantify the results and to allow the variability in the responses. The format and question list received approval from the University of Michigan - Flint Human Subjects Review Committee.

The focus group discussion also became a more valid choice of data collection because of its flexibility in probing unexpected responses. Rather than suggest a program to seniors and receive a yes/no response on a closed idea, the focus group discussion and role of facilitator seemed to be more reasonable in truly obtaining open-ended, opinionated, responses.

The locations for group discussions were chosen from an available list of Senior Citizen Housing Complexes (Monk and House, 1994). This included the Greater Flint Area of Michigan (Genesee County). From the list of fifteen apartments, six were contacted and only one manager refused to permit the focus group session. From the initial telephone contacts, further locations were suggested by apartment managers. These people felt that seniors from other complexes, like their own, would want to have the same opportunity to express their opinions.

It was suggested in the literature search that to get the full continuum of age groups it would be necessary to contact those (1) who were institutionalized at present, as well as those who were (2) in independent housing and (3) still of the younger (55 to 65) age bracket. Thus, a nursing home with three levels of care, Burcham Hills (Independent, Assisted Living, and Nursing Home), was selected for the group process. Also contacted were the Older Person's Council in the community of Rochester (Seniors

in private housing), and the Valley Area Agency on Aging (for established groups of independent seniors). From these groups it was possible to get the active seniors who were still very independent and some who were still employed, in spite of their senior age status.

Each of these groups, as they described themselves, were relatively homogenous. Their affiliations with each other were relative to their living relationship or their affiliation with the agency that brought them together. Not all of the participants knew each other. The focus group consisting of the Men's Volleyball team, for example, included both the Rochester team and their opponents from Mt Clemens and each team member knew only half of the participants.

The process of group discussion consisted of "Facilitator Questions" which were utilized to prompt responses from each member of the focus group. The questions were asked in the same order to maintain consistency and to investigate opinions in a standard manner. Responses were further probed to facilitate discussion as much as possible. Each participant was given an opportunity to express his/her opinion in spite of occasional monopolists who attempted to dominate the discussion. A tape recorder was used to maintain accurate recording of responses. Group members were given the option of asking that the recorder be turned off. The dialog was reported out immediately after the group process in order to verify precise statements and was summarized in this report following the list of Facilitator Questions.

**Definitions:**

For the purpose of this paper, the following definitions are frequently used terms:

**ADL's ( Activities of Daily Living)** = Those activities done on a daily basis to care for oneself such as feeding, dressing, bathing and other activities of personal care.

**Ambulating** = That activity of walking that moves a person from one place to another and may include devices which are necessary to attain that movement. (i.e.: cane).

**Caregiver** = One who takes care of another person and is responsible for their care on a full time basis (i.e.: spouse, parent, child).

**Custodial** = Care that can be accomplished by any lay person and does not require the skills and expertise of a trained professional (i.e.: nurse or therapist).

**Frail** = Those seniors who are generally weak and frequently requiring medical intervention. (i.e.: frequent hospitalizations or doctor visits).

**Living Arrangements** = Place of residence at the time of the interview. (i.e.: house, apartment, nursing home, senior assisted living, or foster home).

**Respite Assistance** = Assistance with the care of the invalid or elder person in the place of the usual caregiver for an extended period of time.

**Senior Citizen** = any person over the age of 55 years of age.

**Procedures:**

Via a phone conversation to each proposed site, the facilitator requested 10-15 volunteer Senior Citizens (aged 55 and up) to meet in a group to discuss their opinions on health care and home care. The members of the group volunteered, as they were notified of the opportunity, through the director of the apartment complex or by the liaison of the facility. The director determined the location of the meeting, notified the people willing to participate in a focus group, and selected the time of the meeting. In some cases, seniors were already meeting for another purpose and volunteers were identified by a facilitator presentation at the time arranged for the meeting. It was explained that the focus group was completely voluntary, not experimental and that the participants would not be discomforted at any time. Opinions were requested concerning their health care needs and desires. It was clearly established that results and responses would be kept confidential as to individual respondents.

Eight groups were chosen for the purpose of gathering information from as many different ages as possible. The younger (55-65) participants were anticipated to respond somewhat differently than the elder (66-and up) participants who were potentially less healthy. Also, participants in homes and apartments were expected to respond differently than those who were in nursing homes and assisted living facilities.

The procedure for the focus group meeting was as follows:

1. The facilitator arrived ahead of the group, and set up the room. Ideally, the format "in the round" was used so that everyone could see the others in the focus group and be easily heard.
2. A 4 x 6 card requesting the following information had been placed on the table:  
(See appendix).
3. Pencils were made available.

4. The participants were ushered into the room and the facilitator introduced herself and read the handout sheet to all participants. ("Handout" Appendix A)
5. The 4 x 6 card was explained and a covered box provided at the end of the table in which the participants placed their card when they left.

The focus group meeting proceeded with requested permission to tape the responses for the purpose of accurate reporting of quotes. It was explained clearly that names were deleted from the responses. If the recorder had been denied, the facilitator would have had to record answers on a pad of paper. The tape recording was approved in all sessions.

The questions listed as **FACILITATOR QUESTIONS** (see Appendix) were then asked collectively of the group with appropriate follow up probes. The anticipated length of the meeting was set for 20 to 30 minutes.

At the end of the question / answer period, closing took place by reference to the handout. This statement was read to the group. **"Thank you for talking with me today and for sharing your thoughts and opinions. When I have gathered all of the information I would be able to let you know the results. I will send a summary to your director and see that each of you are informed as to the tabulated results. If there are any questions before that time, do not hesitate to contact me at the number on the bottom of the handout."**

The group was again thanked for their participation and asked to deposit the cards at the door or at the end of the table into the covered box. No names were placed on the cards. (Refer to appendix for sample card distributed.)



### **Description of Subjects:**

There were eight focus groups interviewed from various locations. The total number of participants was 63. Each group consisted of 5 to 10 participants. The living arrangements of the participants can be categorized in four different classifications: Some were 1) independent apartments (or senior high rises) in which there was no oversight or medical care, 2) assisted living, in which meals were organized together in a main dining room and some assistance is provided for personal care, 3) individual homes/apartments, in which the participants were not associated together (not all the same building), and 4) nursing home living in which the residents were completely monitored with hands-on-care, round the clock.

**Group One** was a Senior high rise apartment building in which the residents were totally independent. The apartments were fully equipped with kitchens and there were no communal meals.

The living arrangements for **Group Two** were individual condos or apartments which were in different building units. To attend meetings at the community center, the residents had to go outdoors. Most of these participants still drive vehicles and are very independent in their activities of daily living.

**Group Three** was another High Rise Senior Center with a central meeting room on the main floor. This apartment building was located in the center of the city and consisted of approximately 500 apartments. All meals are independent. There is no central dining room.

**Group Four** was a senior apartment complex which was a two story building in a suburban environment. The residents were of varying ages and not all were seniors. Some were newly retired and some still had their children and grandchildren living with them in their apartments. Most of the residents were seniors and most of them were still

able to drive and get out into the community. The focus group participants, however, were all senior citizens.

Burcham Hills provided **Groups Five and Six**. This is a multiple level of care senior residence. Living arrangements included independent living, assisted living and skilled nursing home facility. **Group Five** consisted of the independent living section in which the residents must be able to totally care for themselves and not require any nursing intervention. When they become ill, they are able to advance to the assisted living. When they require complete care, they are automatically advanced to the nursing home level. **Group Six** was the dependent, skilled, nursing home residents. In both groups there were one or two who were considered demented (Alzheimer's) and unable to offer significant input.

**Group Seven** was the most active in that it consisted of a men's volley ball team and their opponents. Thus all of the participants were men and they were all over 55. Because of their participation at this weekly match, it was evident that they were the most physically adept of all the other participants. It may be noted that the responses of this group was not consistent with the responses from the other group and possibly due to this difference in attitude and aptitude. In comparison to the nursing home group, in which all of the participants were already debilitated, this group responded that they were never going to become ill and need care.

**Group Eight** included the members of a Community Senior Citizen Organization who were gathering for an event for their council group. All of the residents lived independently from the focus of their association. Most lived in houses, some in apartments, but not senior specific apartments. All were able to get to the center of their own volition.

## **RESULTS / FINDINGS**

The total Number (N) of participants was 60. Their ages ranged from 55 years of age to 102 years of age. The mean age was 78 and the median age was 77. The majority of participants were female (n=49) with only a few (n=11) males. Nine of these males were from the same focus group, the volleyball team. Although the male participants' ages were broadly representative of the age span, (57-70), their responses greatly differed from all the other focus groups. They initially did not take the discussion seriously. Eventually, they revealed that they did not intend to become ill. It was evident from their responses that they were referring to senior citizens as "those other people" and not themselves. They referred to their parents needing help, and did not outwardly consider themselves in the same category of Seniors needing help.

There were four major foci of the discussion groups and the facilitator questions developed to elicit opinions.

**Those four major questions were:**

- 1) Desire to change residence or stay in one's own home in the event of illness,**
- 2) Previous experience as a caregiver**
- 3) Volunteer Willingness to assist other seniors**
- 4) Acceptance of a senior caregiver in times of illness**

Some groups were more receptive to conversation and discussion. Others required prompting to obtain responses from all participants. In Group Three, there was a participant who attempted to totally monopolize the discussion. It became necessary to request responses from each individual participant in a round robin effect in order to prevent this monopoly. This participant was also under the requested age of applicants

(40 years of age). She wanted to attend anyway and was allowed to do so, but her responses were stricken from the totals tabulated from that group.

In response to the four major questions, the answers varied directly with the present living arrangements of the respondents. (Refer to Figures Two through Five in the Appendix for charts relating to results/findings).

**1) Desire to change residence or stay in one's own home in the event of illness,**

The first major question referred to was the Living Arrangements category. It was based on a desire/need to change one's present living arrangements in the event that one becomes ill. The question was stated, "If you became ill, would you want to live somewhere different from where you are now?" Those in Group One were presently living in a senior high rise apartment. As shown in Figure One (Appendix) and more clearly graphed in Figure Two (Appendix), all of the participants in Group One (100%) agreed that they would change their residence. Some would live with family, and others would plan to go to a nursing home so that they would not be a burden on their families. It was clear to them that they could not live in their present situation if they were ill, because of the rules of the management.

However, this group was intent in preparing for the future with the plan for an assisted living to be instituted in their own apartment building. With the event of its placement, most of the residents would be able to stay in their own homes and not have to move at all. Without it, they anticipate the need to transfer to a more comprehensive level of care sometime in the near future. Therefore, if the proposal was approved, this percentage would potentially become zero.

Group Five (See Figure Two-Appendix) did not plan to change because they were already in a multi-level care facility. They knew that they would have to change to a different section of the facility, but that it would not mean having to move or change drastically, no matter how ill they became.

Group Seven (volleyball team) had made plans not to get ill. Therefore, they were unrealistic in their responses, or they expected to drop dead rather than become ill. It is also suspected that their agility and health, at present, altered their anticipation of future needs for health care. (See Figure Two-Appendix).

Group Eight consisted of independent respondents presently living in their own homes. They did not expect to have to live in nursing homes as they have family now who assist them in their own homes. They did not want to go to a nursing home or make other arrangements. They wanted to stay where they were at present.

Of interest at this time are those respondents interviewed in the nursing home. Of those, only 50% were expecting to have to change their living arrangements if they became ill. However, they did not think that they were ill now. This would probably augment the fact that perception of "ill" is not universal.

## **2) Previous experience as a caregiver**

Across the variability of the living arrangements there was an equal variability in response to the question of previous experience in caregiving. This is most visible in Figure Three (Appendix) which graphs the equal and extensive experience of the participants. Almost all respondents had experience of some sort in caring for other persons. Apparently, due to peer pressure, those who had not done caregiving responded that they would have if needed, or that they wish that they could have when they were younger and healthier.

Groups One and Two were independent apartment residents who included those females who were aged 66 to 89. Many of the respondents had taken care of husbands, or parents at some time in the past. The discussion also included someone having taking care of a neighbor. Since both groups lived in a high rise building, they were currently involved in caring for each other as part of the resident requirement / protocol.

The least experience as caregivers was found in the affluent, triple-level high rise which had sufficient personnel to care for all of the residents needs (Figure Three-Appendix). Group Five became an outlier in this response. This group consisted of the affluent members of the community who were living in the independent facility of Burcham Hills. Most had not had to care for anyone in their past.

Most experiences in caring were for spouses, or parents. And in most instances, it was in an attempt to keep their loved ones out of the nursing home. These responses further strengthened the author's bias of the desire to stay out of the nursing home if possible.

### **3) Volunteer Willingness to assist other seniors**

The least willingness was found in the male volleyball team which has been discussed earlier. They stated that they were willing to help others out, but not in a caregiving role (Figure Four-Appendix).

Willingness to volunteer changed drastically depending upon how the question was posited. Initial responses to physical hands-on caregiving was almost always given a strong negative response. When the question changed to assistance of shopping, meal preparation, or transportation, then the responses were more positive. The chart of Figure Four is representative of willingness to volunteer or to accept pay when the tasks are custodial and not physical hands-on-care. Very few respondents felt physically able at this time to give hands-on care in their present state of health. The seniors who felt well enough, did not want to offer to do hands-on care in fear of hurting themselves, overcommitting their time, or not being reliable in the near future.

Group Three was 100% willing to volunteer. This was a low income high rise in the center of the city. However, they have already established a system of checking on each other to verify that they are "OK". This is done on a volunteer basis and many are already involved in this process. This is directly reversed from the affluent high rise

residents (Group Five) where caregiving experience was least (Figure Three and Four-Appendix).

One interesting feature is that almost all seniors stated that they were too busy to give up very much time to do any activity, including checking in on neighbors.

Group Seven, the volleyball group, was not willing to assist in any way to give care to others. This was the most healthy group, and the most able to give care. It also consisted of all males. From them, 55% had previous experience in caregiving. But this was of previous spouses or family members. They did not want to become burdened with the responsibility of caring for another individual. They all lived in independent homes. They did not rely on others at this time for any of their needs. They presented with 0% willingness to volunteer.

Relative to this, it is the author's bias that the caregiving role is accepted more readily by females. It is also assumed to be indicative of the male gender of that age group to have a different concept of caregiving than current generations of males. Perceptions of the woman's role has changed over the years and the seniors of today have been known to perceive caregiving as a feminine role. Thus, it was not surprising that the men of the volleyball team did not perceive themselves as caregivers.

#### **4) Acceptance of a senior caregiver in times of illness**

In the last category of acceptance of a senior as a caregiver, the responses were unanimous (Figure Five-Appendix). Almost all respondents were willing to accept care from a senior. The major concern was of the caregiver's intelligence, (specifically, memory and alertness) and physical ability to care for another senior. Some of the larger sized individuals were very concerned with a weaker, thinner senior potentially dropping them in the process of transfers. Many seniors are very concerned about falling due to the potential for broken hips, etc. The response was that it would be okay so long as the senior was in good health. The age didn't matter if the physical attributes were present.

Acceptance of seniors as caregivers was approved 100% in 4 out of 8 Groups. There were always qualifying factors as to the clarification of the capability, both mentally and physically, of the senior, however. All categories were accepting of this role, but not without specific comments to define their reluctance of acceptance.

One respondent requested a senior as opposed to a youth, because of their experience and common sense. At that time, there was a tumultuous response from the rest of the group with general consensus. It is assumed that some of today's seniors are not overly confident in today's youth.

One colorful respondent stated that she wouldn't want a youth because "they talk too much". Others compared today's youth with relatives that they did not like, and therefore, of course they wouldn't want a youthful person. "My niece is such a 'know-it-all' and I just couldn't stand to have someone like her around all day long."

The concept of just how much care would be needed changed the answers. If they needed a lot of physical care, the younger person was the most requested. But in order to facilitate more responses, the interviewer would continue to ask, "Well, what if all you needed was a ride to the doctor?" At this time the responses were much more acceptable to having seniors as caregivers.

**Please note:** In determining just what was "a younger person", there was no consensus. Each individual referred to a younger person as younger than themselves. Since our N included all ages from 55 to 102, there was a broad concept of "younger persons".

Since the program was intended to assess the need for all custodial activities, and not hands-on caregiving, the acceptance factor, based on duties of a "custodial" nature, influenced the results on the graph in Figure Five.

The senior group presently housed in the nursing home was another outlier response. The ages of the participants (Group 6) were 85 years to 102 years. This was the oldest group, the least ambulatory, and the least cognitive. Discussion was difficult



as one of the members was not able to follow the normal conversation and gave extremely inappropriate answers that were not related to the questions asked. The 102 year old only answered when spoken to, face-to-face, and was not completely aware of her surroundings. Due to these factors, the responses of this group were not considered as accurate as those from the other groups.

## CONCLUSION

In summary, the purpose of the focus group discussions was to establish the feasibility of training Seniors to aide Seniors at the time of their need for dependency. The question raised concerned the ever increasing numbers of seniors who are healthy and if they would be willing to assist others in personal care needs, or custodial duties.

The numbers of seniors were found definitely to be increasing. It was found in this study also that there are increasing numbers of healthy seniors. The first hypothesis was that the debilitated senior would require custodial care at some time in later life. However, the need for custodial care was less than anticipated by this author. There are multiple numbers of healthy seniors who have no need for assistance in spite of their age. The men's volleyball team, for example, was just a small representation of the large group of seniors in Rochester, Michigan who are independent and active at relatively old ages.

The literature search suggested a need for balancing work with pleasure and remaining active in the social structure. This was reinforced by the volleyball group and their responses to the questions. Not only were they consistent in their attendance to the games, but they were adamant in their intent to "not get ill", so they would not have to go to a nursing home, even though the eldest player was 70 years old. (Incidentally, the game was not a gentle game. There were several observed "spike shots". Other needs for social intervention was noted in the residents of the apartments. They have monthly get-to-togethers with a pot-luck and it was indicated that they attend whenever possible.

An assumption of this author was that nurturing of other seniors would satisfy the need for belonging. The sedentary life of retirement reduces the feeling of value to society and the nurturing act of helping others could satisfy that need or worth. Relative to this, the responses identified in the focus interviews revealed that most caregivers

were previously caregivers before their senior years. Although, the value of caregiving was not measured by this interview approach, the responses did indicate that caregiving would be acceptable to many participants. However, a senior is less likely to choose caregiving as a pastime or value if they have not done so as a profession or family experience at an earlier age.

The second hypothesis was that seniors would want to live in their own homes rather than be institutionalized. The assumption that seniors would not want to change living arrangements was supported 100% by three out of eight groups (Group numbers Five, Seven, and Eight.), and strongly supported by four others. In Group Six less than 50% wanted to change their living environment and Groups Two, Three and Four were all under 30% for desire to change. The outlier of the first question was Group One in that 100% of change was expected should they encounter illness and require care. The responses from this group could well be attributed to the rules of the senior high rise demanding that the residents move if they become unable to maintain their independence in that facility. This is most likely to be true due to this statement being brought up during the group discussion. However, the group is presently in the process of obtaining licensure for an assisted living to be established within their apartment, in order to attempt to prevent having to move in the future. Therefore, this is a strong positive response to the question of wanting to stay at home in the event of illness.

Previous experience in caregiving was exceptionally strong in all but a handful of participants. There were a few who did not have the opportunity to care for others but most all were presently assisting other seniors within their living environment. The hypothesis of seniors being able/willing to assist (hypothesis three) and the complimentary benefit to the seniors through shared skills and expertise (hypothesis four) were addressed in the voluntary willingness and experience categories of the questions.

There is some question as to whether the applicants (younger) seniors would be sufficient in numbers to facilitate all the elder's needs. The seniors interviewed did not

respond positively to actual hands-on care of other seniors. Most all of them were willing to do occasional assistance to the people that they know. Very few were willing to extend themselves to strangers. It was mentioned, by the seniors interviewed, that there are many who do volunteer work now. These volunteers were not part of the focus groups interviewed. Assessment of volunteer groups may have changed the group mean scores.

In the response to acceptance of care from another senior, it appeared to be acceptable for all seniors as long as there was a qualifier attached. The senior must be as healthy or healthier than the recipient. This relates to hypothesis number five that the utilization of the greatest resources would be desirable to effectively solve the needs of the greatest problem, that of seniors requiring assistance.

Essentially, it seems apparent that the purpose of the survey was fulfilled in determining that there is a need for assistance to seniors, but possibly less than anticipated. It was established that seniors could potentially assist in fulfilling that need. Further investigation would need to be done to determine how many seniors would be willing to assist in senior care. It should also be investigated if the younger volunteers are more adept at physical hands-on care than the seniors interviewed in this process.

And lastly, it was strongly determined that assistance from seniors would be acceptable if the senior was able to comply with the necessary restrictions for hiring and orientation. The program would have to have specific criteria established to screen for job skills fitted to the employees physical and mental attributes. As one respondent noted, "Check those people out carefully before you hire them."

The weakness of this survey was that there were only a small number of younger (closer to age 55) seniors interviewed and no volunteer groups were included. The geographic area chosen was fairly representative of Michigan but too small for generalization to the greater population of the United States. It may be that a different

state, such as Florida, where the geriatric population is so prevalent, would render entirely different results.

The strength of the discussion was the variety of ages included and the heterogeneity of the respondents, including rural versus urban and affluent versus low income.

The results of the focus group discussions were that, in general, Seniors will need some care when they are older; they are willing to give care to friends and neighbors; they are not willing to work when they are unsure of whether or not they can care for themselves; and the younger seniors are frequently enjoying their retirement, or taking care of their own families and personal needs and do not have a burning desire to assist others.

It may be assumptive to say that those who were caregivers as a profession, are more apt to be caregivers in their Senior years. But, it would not be appropriate to expect a Senior to suddenly become a caregiver in his/her senior years.

Tasks of a custodial nature, shopping, cooking, cleaning, and companionship are most often obtained from friends and neighbors. Seniors are more than willing to assist in this area with their own neighbors, but maintain that they do not want to be physically responsible for another person at any pay scale.

Higher wages are not an incentive to get seniors to accomplish these tasks. Good will, recognition, and repayment for costs incurred was the only wage requested by the majority of the persons interviewed. Seniors are willing to help out the "older folks", but no one really knows who is the "older folk." Everything is relative. Every age group interviewed stated that there were "older people" who needed help.

The program of Seniors Helping Seniors does seem to be feasible both independently as well as in a facility which houses all levels of independence. It would be most appropriate as a means to develop safety and coordination in a senior high rise building. It could be instrumental in establishing a monitoring system for those seniors

who live alone. And it could be instituted in a neighborhood or through a senior citizen community social group.

In conclusion, it is anticipated that there will not be enough youth to care for Seniors in the year 2030, but the younger Seniors do not know that they are not youthful, and may actually become the needed "caring youth" of tomorrow.

The seniors interviewed could volunteer for various duties. Those in need would have to notify the Helping Seniors when they desired the service. The duties could be reciprocal relative to changing health care conditions. This may be one method of addressing the rising health care costs. Specifically, given the level of governmental expenditures required to finance nursing homes, it is likely that there will not be enough money. This program could be a suggested method of resolving the growing concern of the demographic changes facing this country. Are seniors capable of ministering to each other? This study has shown that they are capable and that there are multiple age levels that are capable, not just those aged 55-65.

Are the younger, new retirees willing and able to assist the elderly seniors who cannot afford to pay for custodial care? This study has shown that the seniors do not appear to be willing to do hands-on physical care. But the needs of some seniors require only custodial assistance, such as the menial duties of shopping, transportation and cooking. These can be obtained from other seniors of various ages. And other seniors are willing to assist in this matter. Their only request is to help those whom they already know.

Therefore, with adequate advertisement, communication, and publicity, it is the author's perception that Seniors are capable of helping each other for all but the most strenuous needs. It would be possible to utilize the largest resource to satisfy the greatest need. The prospect of a Senior Helping Senior program would be very feasible, effective, reasonable, and efficient.

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## **APPENDICES**

### **Participant Data Sources**

**Chart of Results of Focus Group Meeting**

**Percent of Change of Living Arrangement**

**Previous Experience In Caring**

**Willingness To Volunteer**

**Accept Senior As Caregiver**

### **Handout Materials**

**Facilitator Questions**

**Registration Card**

**Handout Form To Participants**

**Data Collected From Focus Group Discussions**

## PARTICIPANT DATA SOURCES

The following is a list of the focus group locations and each manager/director contacted. The facilitator did not know the names of the participants, so it was necessary that each manager or director contact the correct people and relay the information.

The number (n) of participants in the discussion is indicated in each location as well as the ages and sex if they volunteered that information on the 4 x 6 card after the meeting. No names are connected to this data and the responses are not associated with specific ages. Gender can be differentiated only by the voice responses heard on the tape. Complete data is tabulated and stored from each focus group.

### GROUP ONE

Kara Moulton	n= 5 (females)
Glastonbury Manor	Ages: 72      76      79
300 S. Main	81      85
Davison, MI 48425	Living Arrangements: Senior high rise apartments

### GROUP TWO

Cindy	n= 6 (5 females and 1 male)
Mari-Dan Miller Farms	Ages: 66      73      82
4925 Ita Court	85      93      89 male
Swartz Creek, MI 48475	Living Arrangements: Apartment Complex - Senior

### GROUP THREE

Carrie McGregor	n= 8 (females) (-1 = n=7)
River Village Apartments	Ages: 40 (eliminated responses due to age)
702 Father Dukette Blvd	55      56      74      80
Flint, MI 48503	76      83      93
Living Arrangements: Senior high rise apartments	

#### GROUP FOUR

Brenda	n= 11 (female) (1 dropped out -1 = 10)
Linden Lane	Ages: 67      69      74      78      78      79
3095 Linden Lane	82      84      85      86      89
Flint, MI 48507	Living Arrangements: Apartment Complex - Senior

#### GROUP FIVE

Laurie Freestrom	n= 8 (females)
Burcham Hills Independent Living Center	Ages: two unknown (75-85)
2700 Burcham Drive	76      77      83      83
East Lansing, MI 48823	87      87
Living Arrangements: Assisted Living (Part Dep)	

#### GROUP SIX

Tasha Stetler	n= 6 (females)
Burcham Hills Nursing Home	Ages: 85      86      unknown (80-85)
2700 Burcham Drive	89      91      102
East Lansing, MI 48823	Living Arrangements: Nursing Home - Dependent

GROUP SEVEN

Pat Kohlman	n= 9 (males)
Older Person's Council	Ages: 57      58      59      61      61
312 Woodward	62      66      68      70
Rochester, MI 48307	Living Arrangements: Scattered Individual Homes

GROUP EIGHT

Bob Bluedorn, Director	n= 9 (9 females - 1 male) (1 dropped out = 9)
Corunna - Owosso Council on Aging Ages	69      71      72      72:
300 N. Washington St.	75      76      77      78      86
Owosso, MI 48867	(one left before starting group meeting = no input)
	Living Arrangements: Scattered Individual Homes

## CHART OF RESULTS OF FOCUS GROUPS MEETINGS

GROUP NUMBER	NUMBER N = 63	APT VS HOME % OF CHANGE	PREV HELPING AS CAREGIVER	VOLUNTEER WILLINGNESS	TAKE SENIOR AS CAREGIVER
ONE	n = 5	100%	100%	40%	40%
TWO	n = 6	16%	100%	16%	100%
THREE	n = 7	29%	57%	100%	100%
FOUR	n = 10	20%	80%	50%	70%
FIVE	n = 8	0%	12.50%	62.50%	87.50%
SIX	n = 6	50%	66%	33%	100%
SEVEN	n = 9	0%	55%	0%	55%
EIGHT	n = 9	0%	50%	11%	100%
GRAND MEAN		27%	65%	39%	82%

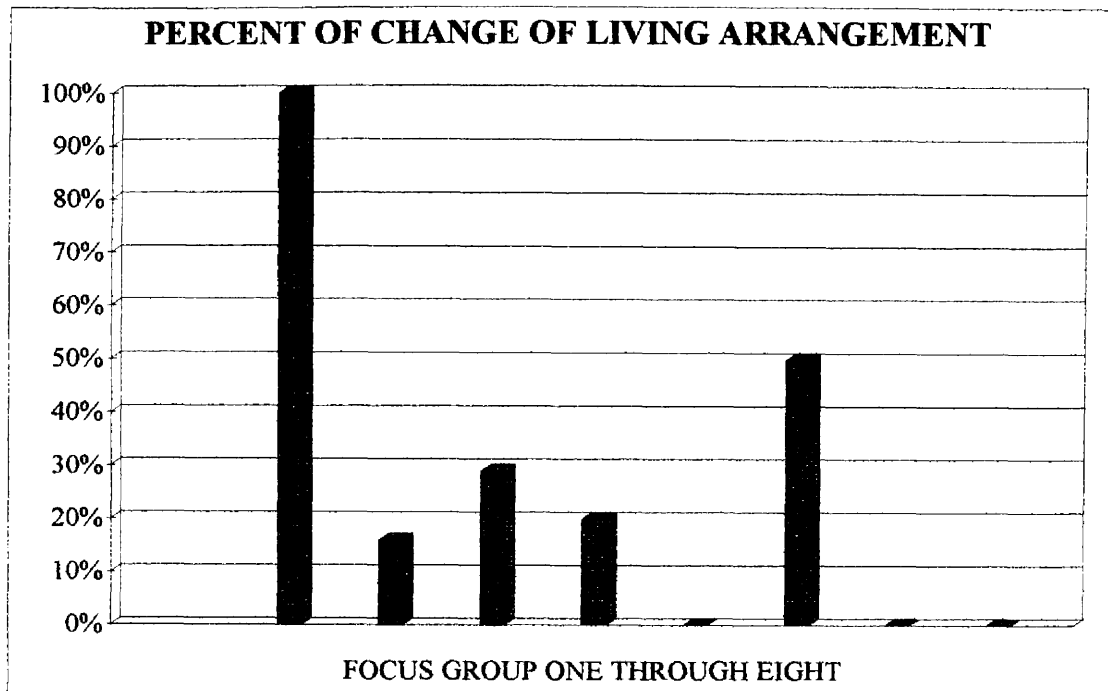
\* **Apt vs. Home relates to Living Arrangements** which means the percent of those interviewed who would change their present home situation if they became ill and were unable to take care of themselves.

\*\* **Previous Helping as Caregiver** means having taken care of someone else including spouse, parent, or employment as nurse, aide, etc. at some time in the past.

\*\*\* **Volunteer Willingness** means willing to take care of others, not necessarily physical hands on care, but possibly transporting others or checking in on them occasionally.

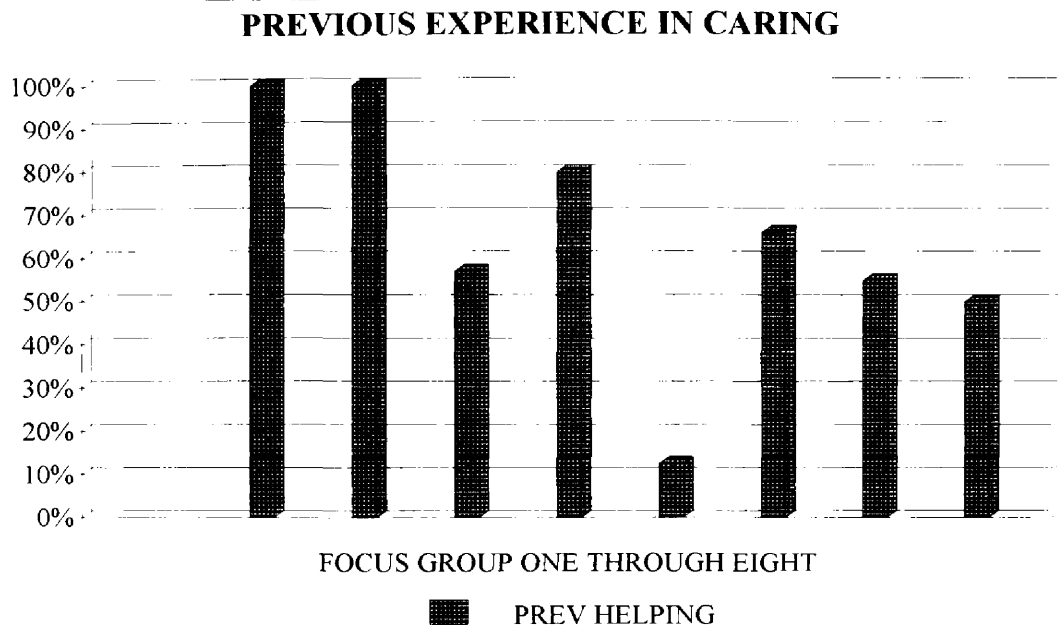
\*\*\*\* **Take Senior as Caregiver** means if they were to need care, they would accept a senior as a caregiver. Many gave "conditions of acceptance" when they answered this question positively. Conditions were relative to the health of the caregiver.

**FIGURE ONE**



\* **Living Arrangements (% of change)** means the percent of those interviewed who would change their present home situation if they became ill and unable to take care of themselves.

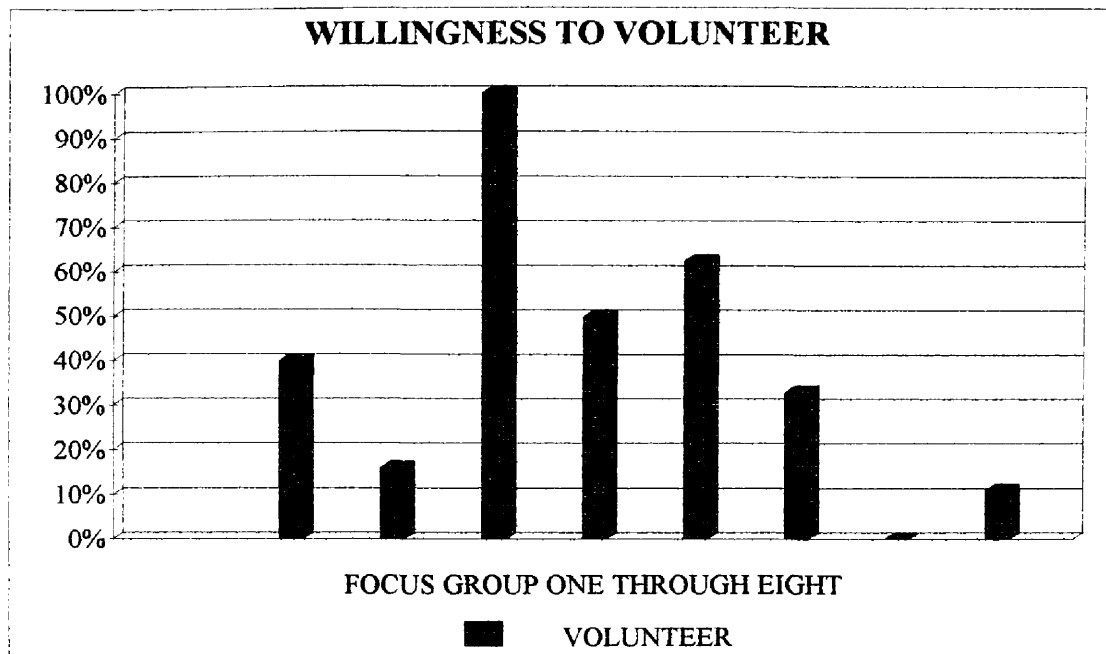
**FIGURE TWO**



**\*\* Previous Experience in Caregiving** means having taken care of someone else in any capacity including spouse, parent, or employment as nurse, aide, etc.

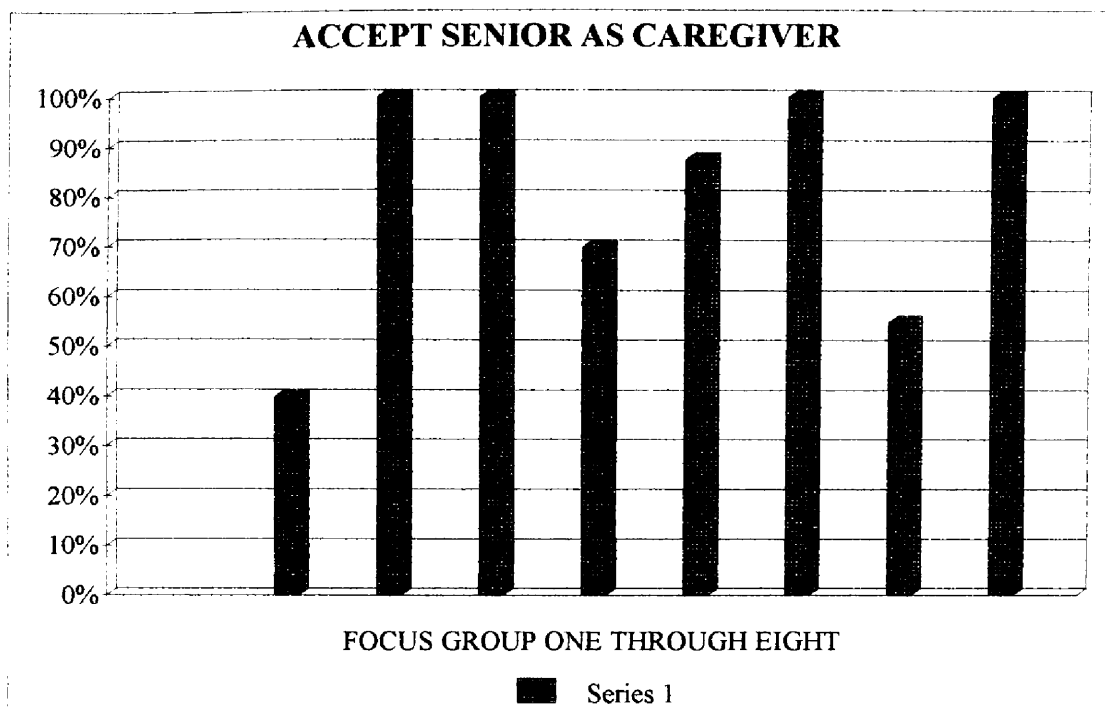
**FIGURE THREE**





\*\*\***Willingness to Volunteer** means willing to take care of others in some capacity, not necessarily physical hands on care, but possibly transporting others or checking in on them occasionally.

**FIGURE FOUR**



\*\*\*\* **Accept Senior as Caregiver** means if they were to need care, they would be willing for the caregiver to be another senior like themselves. Many gave "conditions of acceptance" when they answered this question positively. Conditions were relative to the health of the caregiver.

**FIGURE FIVE**

## **HANDOUT MATERIALS**

### **FACILITATOR QUESTIONS**

- 1. IF YOU BECAME ILL AND WERE UNABLE TO TAKE CARE OF YOURSELF, WHERE WOULD BE THE BEST PLACE TO LIVE? YOUR OWN HOME, IN A NURSING HOME, OR IN A SENIOR ASSISTED LIVING?**
- 2. HAVE YOU EVER TAKEN CARE OF SOMEONE BEFORE BECAUSE THEY WERE UNABLE TO TAKE CARE OF THEMSELVES? WOULD YOU BE INTERESTED IN TAKING CARE OF ANOTHER SENIOR CITIZEN WHO NEEDED HELP WITH PERSONAL CARE? OTHER NEEDS? WOULD IT BE BETTER OR WORSE IF YOU KNEW THE PERSON NEEDING HELP? DO YOU FEEL QUALIFIED RIGHT NOW TO CARE FOR SOMEONE ELSE? WHAT KINDS OF SERVICE WOULD YOU FEEL COMFORTABLE DOING FOR ANOTHER SENIOR CITIZEN?**
- 3. WOULD YOU BE INTERESTED IN VOLUNTEERING YOUR TIME OR WOULD YOU EXPECT SOME PAY FOR THE SERVICE? WHAT IS YOUR OPINION OF BEING OFFERED MINIMUM WAGE TO DO THIS? WHAT WOULD YOU THINK IF YOU WERE ASKED TO VOLUNTEER? IF YOU SAID THAT YOU WANTED PAY, WHAT WOULD BE A FAIR WAGE ? HOW MANY HOURS PER WEEK WOULD YOU BE ABLE/INTERESTED IN DOING THIS KIND OF WORK?**
- 4. WHY WOULD THIS KIND OF WORK INTEREST YOU? WHAT DO YOU ALREADY KNOW THAT WOULD MAKE YOU GOOD AT THIS? WHAT KIND OF TRAINING WOULD YOU WANT BEFORE YOU COULD CARE FOR ANOTHER SENIOR CITIZEN?**

- 5. DO YOU HAVE CONCERNS, YOURSELF, ABOUT NEEDING ASSISTANCE FOR PERSONAL CARE IN THE FUTURE? WHAT KIND OF HELP DO YOU THINK YOU WILL NEED FIRST? WHAT IF YOU NEED ASSISTANCE? WOULD YOU WANT A SENIOR HELPER TO CARE FOR YOU? WHAT AGE OF SENIOR HELPER DO YOU THINK WOULD BE BEST TO TAKE CARE OF YOU? 55YEARS? 65 YEARS? 75 YEARS? 85 (OR MORE) YEARS? WOULD YOU REFUSE HELP FROM A SENIOR OVER 75? OVER 85?**
- 6. WHAT ELSE WOULD YOU LIKE ME TO KNOW...**

## REGISTRATION CARD

AGE \_\_\_\_\_ GENDER \_\_\_\_\_

CHECK YOUR TYPE OF HOME:

\_\_\_\_\_ Apartment

\_\_\_\_\_ House

\_\_\_\_\_ Nursing Home

\_\_\_\_\_ Assisted Living

\_\_\_\_\_ With Spouse/Alone

\_\_\_\_\_ With Son/Daughter

## HANDOUT FORM TO PARTICIPANTS

### SENIOR FOCUS GROUP

#### THANK YOU FOR BEING HERE TODAY

**Thank you for agreeing to sit down and talk to me. This is completely voluntary and you may get up and leave at any time you wish.**

This meeting is referred to as a "focus" group. Through this meeting and others like it, I intend to gather as many opinions as I can from you and other Seniors of all ages. I would like your opinion regarding home care in the future and what you think would be best for you.

Let me tell you a little about myself and why I am here. I am a Registered Nurse and have been a nurse for 26 years. I have worked in home care for 11 years. I have cared for many Senior Citizens in their homes. As a result, I am very interested in knowing more about what kind of care you want when you need home care and what kind of caregiver you want to take care of you.

As a student of the University of Michigan I am writing a Master's thesis about care given to elderly clients who can no longer take care of themselves. I would like to know how you think about several questions that I will ask and I would like as much input as you are willing to share. I will use these responses to collect data and write a report regarding Senior Citizen's opinions of what they want for their future. It is important that the information be as accurate as possible. I would like to your opinions in the exact same words that you speak. I do not want to put my interpretation to your ideas. In order to do that I would like to tape record this meeting. Does anyone object to my using a tape recorder?

I want you to know that your responses will be kept confidential and I will not identify them with your name. When I have gathered all of the information I would be able to let you know the results. I will send a summary to your director and see that each of you are informed as to the tabulated results.

If you have any questions or concerns in the future, I may be contacted at this number below. Please feel free to call me at any time.

**B. Jeani Miller, RN, BSN,  
(517) 743-6229**

## DATA COLLECTED FROM FOCUS GROUP DISCUSSIONS

### **Group One: Glastonbury Manor - (Five females) (n=5)**

The manor is a senior high rise in Davison, Michigan. The residents are completely independent with full kitchens in each apartment. There is a central meeting room on the main floor and a lobby for reception but no meals are prepared communally. Different groups utilize the meeting room with some planned activities for the residents of the building. No personal care or health care is offered through the building personnel/management. Participants are aged 72 through 85 years of age. The residents must be of low to low middle income to qualify for residency.

#### **Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

Senior Assisted Living	(3) Change	5 changes
Nursing Home	(2) Change	(100%)

#### **Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

Yes, I have	(3) Y	5 Yes
I was a nurse and I did private duty	(1) Y	(100%)
I took care of my husband (6 yrs)	(1) Y	

**Would you be interested in taking care of another senior citizen?**

I look in on Otto...but that's about all that I would be able to do.	(1) Y	2 Yes (40%)
That's about all I can do, too.	(1) Y	

No, I wouldn't (1) N

I wouldn't be able to (1) N

I wouldn't care to (1) N

Note: Further discussion revealed that the three "no's" agreed they would look in on someone but that is about all that they are able to do at this time. The reason for their refusal was based on their present health and inability to care for someone physically. However, these participants were more ambulatory and independent than many of the other participants in other groups.

**Would it be better or worse if you knew the person that needed help?**

It wouldn't matter to me

I don't think so either (three more agreed)

Male or female it wouldn't bother to me

I think it would be easier if I knew them (three more agreed)

You know their likes and dislikes

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

I would volunteer

I've volunteered my time here for five years

Fact is, everything that is done here is on a volunteer basis

Where I used to live I was a volunteer for three years

I think most of us who came here, when we were younger, we all volunteered.

We all worked in the kitchen and helped out with various things, but at the present time, I think it is a little bit difficult for us to do anything.

**Question Four:**



**What kind of training would you want before caring for another senior citizen?**

Yes, Blood Pressure

I know how to make beds and things like that

Dressings and things like that (participant is a retired nurse)

I would help a lot if they were going to have shots or anything like that. I am a diabetic.

That I wouldn't be able to do

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

I'd rather have a real older person (1) Y 2 Yes  
because the younger persons are (40%)  
always "yakking" and I can't take that

Younger than I am (Group Age 66-85) (1) N

Middle (1) Y

Someone old enough to know how to handle the older people

It makes me feel younger to have the (1) N  
younger persons here

Those girls would be just like my granddaughter and would be to me and everything.

**What would be the best age person to take care of you, 55, 65, 75, or 85?**

All agreed upon the 55 year old from that selection.

**Question Six:**

**What else would you like me to know?**

I just want to say that I wish the government would speed up the in-between homes.  
Assisted living homes. There should be more of them.

"Most of us senior citizens prefer to keep our independence as long as we can until such time as we're unable to handle anything for ourselves."

"It seems to me I've heard before, somebody that maybe, when they became old enough for Medicare, they would have a chance to perhaps build up a point system whereby they

would be able to get so many, when the time came, if the time came, that they needed help, that they would have this many points and they would have somebody automatically come in and help them. (They would get so many points by working and earn some care.)" Suggestions for Medicare future coverage of custodial care.

**Note:** The participants began by discussing their desire to have an assisted living arrangement in their own apartment building. They are in the process of attaining the Certificate of Need for the facility through the management. Later in the discussion, they all agreed that if they were sick enough to need constant help, they wanted to go into a nursing home to relieve the burden on their children and family. Also, at one time, they stated that if they were only temporarily disabled, they wanted to stay in their own independent apartment as long as possible, which is the reason for the attempt to obtain the assisted living arrangements. Note that when one member suggested an idea, the other four came to the same agreement even though they had just previously stated it differently. Hence, the reported percentages may be skewed based on social pressures and verbal interaction.

**Group Two: Mari Dan Miller Farms - (Five females and One male) (n=6)**

These apartments are primarily senior citizen housing, but not necessarily. Various aged residents are here, including children (mostly adult children but some youth-12yrs). The numbers of children are limited. Group participants are aged 66 through 89. There are no income restrictions related to residency in this apartment complex. There is a main community lobby and meeting room with a kitchen that is used for group events. The building houses several apartments on three to four floors.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I think I would prefer a nursing home (1) C 1 Change

I know first I'd like to stay in my own home. (1) S (16%)

It gives you a sense of security  
instead of being yanked out into some strange place.

I don't want no nursing home. I was in one. (1) S

Three wks and that was enough

I'd like to stay here (1) S

Well, I'd sort of stay right here in my apt (1) S

I went to my daughters ...then I came home (1) S

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

I have. I've done home care. (1) Y 6 Yes

We have red tags we put out by our door (2) Y (100%)

to let people know we are okay. And we pick them up in the morning.

All agreed that they have done some things (3) Y

for other people but not all have

cared for others requiring hands on personal care.

**Would you be interested in taking care of another senior citizen?**

If I had the time I would. (1) Y 1 Yes

I have an 11 year old granddaughter that keeps me busy. (16%)

All rest of participants were too busy. (5) N

**Would it be better or worse if you knew the person that needed help?**

I think a stranger, really. (nurse) You can look at it from a professional point of view.

I would help a friend but I couldn't do much.

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

If there was anything that I could do,

I would be willing. I wouldn't want no pay. (male)

I could drive someone to the doctor's.

We check on each other now as volunteers

No one wanted pay for helping others. Maybe gas money if it were offered to them.

**Note:** All were willing to help out their neighbors for free but none were willing to do it as a job or responsibility.

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

All agreed that they are not physically fit at this time to do any personal or hands on care.

Most are no longer able to drive themselves so transportation assist is not feasible.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

We help each other now and we are all seniors (5) Y 6 Yes

It would have to be someone strong to take care of me (1) Y (100%)

It would matter more if they liked the person than their age.

The nurse wanted a senior with their faculties about them

The gentleman didn't care

The ages between 55 to 85 was no problem so long as the senior is healthy.

**Question Six:**

**What else would you like me to know?**

One member stated that her daughter would take her to a nursing home if she got worse.

We are all concerned about that.

Several mentioned that they are becoming crippled and are worried about having to leave these independent apartments.

**Note:** The manager sat in on the discussion and was present during the group session. She did interject at one point as a caregiver for her own parents but her responses were not included in this report. Her age is in the mid-thirties. Her single interjection did not appear to influence the conversation or the thought processes of the participants.

**Group Three: River Village Apartments - (Eight females) (one eliminated; n=7)**

This is a downtown, high rise apartment building in a congested, mixed neighborhood, in the older part of the city. Low income qualifiers are needed to attain residency in this building. The ages of the participants range from 55 to 93 years of age. Eight females started but one participant was 40 years of age and her responses were eliminated due to the eligibility criteria being established as 55 and up for the focus group data.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I went to a foster care home	(1) C	2 Changes
it was well staffed and they took excellent care of me.		(29%)
It would depend on how ill you were.	(1) C	
I went to a nursing home twice.		
Well if I could live in my apartment,	(1) S	
I would like it ... instead of a nursing home		
No nursing home. I want to live here	(1) S	
I would rather stay here as long as I live	(1) S	
and take care of myself.		
And then you are independent	(2) S	

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

I have a mother that I took care of all the time	(1) Y	4 Yes
I was a nurse's aide in a nursing home	(1) Y	(57%)
I did it during the 70's, I would have been 70 years old		
Yes, my husband	(1) Y	
I have taken care of three husbands	(1) Y	

No response (3) N

**Would you be interested in taking care of another senior citizen?**

One stated that she could do "other" care, (1) Y 7 Yes  
such as reading and companion (100%)

If it meant just checking on someone, (5) Y  
the participants agreed they were capable of doing that.

I can go and sit and talk with somebody. (1) Y

**Note:** All respondents, except one, agreed that at the present time they were not capable of taking care of someone else if it included need for hands on care. You know what I need more than anything, someone to wash my back. One stated that she could read to someone but she needs an eye doctor appointment.

**Would it be better or worse if you knew the person that needed help?**

I wouldn't have to. I didn't know patients in the nursing home.

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

I would not ask any payment. NO WAY, NO WAY.

As Christians, we are supposed to help each other.

I wouldn't want no money to help out a friend

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

I took a course in first aid and CPR. But it was so long ago that I am going to take another course on the 26th of this month.

I am too old now to Finish the course. (In practical nursing)

I studied to be a nurse's aide back in 69, I believe it was. But I never got a job.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

One of the participants was 60 years old	(1) Y	7 Yes
when she cared for other people (nurse)		<b>(100%)</b>
Drivers can be any age	(1) Y	
They would have to be strong enough,	(1) Y	
I hurt my back when I was working		
I worked through the Senior citizen office once	(1) Y	
in the library		
Others agreed that it depended on their health	(3) Y	

**Question Six:**

**What else would you like me to know?**

No additional comments were added. Participants indicated that they were interested in other comments from the other focus group discussions.



**Group Four: Linden Lane Apartments (Eleven females) (One-Eliminated; n=10)**

These apartments are primarily senior citizen apartments but independent of one another. There is a common meeting room, but no common meals. One female dropped out of the meeting because her husband, who lived with her in the apartment, had to be put into a nursing home that very day. He was too ill for her to care for him any longer and she was very upset about the situation. She came into the group discussion for the first question and had to leave to retain her composure. Another female joined the group at almost the same time of her leaving. Only ten females responded. Age ranges were 67 to 89 years.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I would want a nursing home	(1) C	1 Change
so none of my family would have to take care of me		(20%)
That's what I always said too.	(1) C	
Financially, it depends on finances	(1) S	
If I had a lot of money, I'd prefer to be home		
I would too. I think everybody would.	(5) S	
Well, I would like wherever I could afford.	(2) S	
At home preferably.		

**Note:** One lady had to leave because she was very upset at having to put her husband, who has Alzheimer's, into the nursing home on this very day. The other residents stated she was not able to stay because these kinds of questions were too difficult for her. Because she left at the very beginning, her comments are not included in this report.

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

Yeah, my sister	(1) Y	8 Yes
-----------------	-------	-------

I've taken care of my husband and he drove me (1) Y (80%)  
just about out of this world.

I took care of my husband, too (1) Y

I took care of my father and mother both (1) Y  
until they were 91 and 94 years

I took care of my husband, not for very long (1) Y

We help each other around here, too (2) Y

I'm an LPN and I've done all of it in all places (1) Y

I haven't, but I have been taken care of. (1) N

I haven't taken care of anyone in particular (1) N

**Would you be interested in taking care of another senior citizen?**

Residents agreed that they could do cooking (4) Y 5 Yes  
cleaning, (but not running the sweeper), (50%)  
stay with people.

I look for people now and if I don't see them (1) Y  
I call their family or something

I could call on someone, but not take care of them (3) N  
and not on a regular basis

I can't take care of anybody, (1) N  
I'm trying to take care of myself.

I could get up today and say okay I will do it (1) N  
but later on not be able to do it.

**Would it be better or worse if you knew the person that needed help?**

It's easier when you don't know. You're detached. (from practical nurse). Doesn't tug on  
your heart.

If just to drive to doctor's office, it would probably be better if you did know them.

If it's somebody you know, or your family, it's not hard.

It's hard when you're young and when you die.

It would be great if you didn't have to do lifting and tugging on that person.

I think it would be easier for me if I knew that person.

### **Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

I wouldn't want them to be asking me to do things that maybe their daughter could do

Have an understanding with that person that maybe next week, I couldn't do it.

I could go grocery shopping for someone else when I am doing my own.

I would want gas money if they used me all the time. Don't want to be taken advantage of

No money. Not if they are friends or family.

I just want a little gas money. That's all. Cause it costs me money.

### **Question Four:**

**What kind of training would you want before caring for another senior citizen?**

Since the respondents stated that they were unable to do hands-on care, they already knew what they need to know to read to people and sit with them.

### **Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

As long as I am taken care of,	(1) Y	7 Yes
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I don't care what their age.		(70%)
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Those 55 are still having to work	(1) Y
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As long as they are physically able	(4) Y
-------------------------------------	-------

Physically and emotionally too	(1) Y
--------------------------------	-------

That age is more apt to be needing a job to earn money	(1) N
--	-------

That age has arthritis, they couldn't pick you up	(1) N
---	-------

Prefer younger person.	(1) N
------------------------	-------

(clarified as in their 40's) They have a stronger back

**Question Six:**

**What else would you like me to know?**

Would a person, 75, be able to tell the doctor that a person took these medicines?

(Comment from the nurse).

Elderly taking care of the elderly is like the blind leading the blind.

It makes a big difference if they are mentally capable. Who's gonna tell you. I might think I am, and you might think that you are, but maybe somebody else knows better.

Note: After leaving the room, one lady returned to give an additional comment. "Maybe two hours or little pieces of time, but eight hours a day, no way. Too much for us at this age. Just a little bit at a time might be possible."

**Group Five: Burcham Hills Independent Living Center (Eight females) (n=8)**

Living Arrangements: Clients essentially have separate apartments in a triple level home with independent living (no assistance), nursing home (complete care) and assisted living (partial oversight of activities of daily living). Participants at this focus group have meals presented to them in a common dining room. Medications are administered to some residents. Others are completely independent. Ambulating, bathing, dressing, and toileting must be done independently to qualify for this level of living. Usually alert, but fragile seniors are in this level of care. Cost of living at this facility is not reachable for the middle or low income resident. Responses may be indicative of resident's standard of living.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I would like to live in my own home	(1) S	0 Change
Naturally, all of us would like to	(7) S	(0%)
live in our own home but finances enter into this		

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

I took care of my husband six years	(1) Y	1 Yes
(gave extensive explanation)		(12.5%)
All others stated no. Have been cared for	(7) N	

**Would you be interested in taking care of another senior citizen?**

If I was able.	(1) Y	5 Yes
I would volunteer to drive someone	(1) Y	(62.5%)
A lot would depend if it was temporary care	(1) Y	
or round the clock care.		

I would give a helping hand if they were (1) Y  
waiting to get some type of care.

I could on a temporary basis (to fix meals) (1) Y

I probably wouldn't. (2) N

There would be a definite limit to the (1) N

kinds of things that I would be willing to do with my lack of training

There is help already available here and Medicare pays for it. For example, if someone needed a bath, Medicare would do it. One resident stated that there is never any reason that they would be asked to help here at this facility because there is already many employees to take care of it themselves. And if they needed more help, they would move to the hospital section here.

I think people should consider this type of living earlier than most people do. To come in while they can get accustomed to the situation, the care, the people available to them.

**Note:** The participants are in the minority of people that can afford this particular cost of living that this group is enjoying. Costs are up to \$3,800 to \$4,000 per month.

**Would it be better or worse if you knew the person that needed help?**

I would do it for a friend. Not for a stranger

Residents agreed that they would help family, or friends, and then only temporarily.

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

None of the residents are interested in earning money. They talk about some people are.

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

Not applicable for this group. They have no interest in assisting others. It is available at the residence where they are living. It is already in place by the appropriate personnel.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

It would depend on what's wrong with me	(2) Y	7 Yes
Younger than me. (55 would be okay)	(1) Y	<b>(87.5%)</b>
I would have to ask my sister first.		
Age doesn't matter. Depending on	(3) Y	
health condition, any age could be		
I would prefer 55 rather than 25. More experience.	(1) Y	
I wouldn't want a frail person	(1) N	

**Question Six:**

**What else would you like me to know?**

I know that there are people in this world who reached the age of 55 or 60 without much means of support. They are very capable and very able to do this kind of work and are very good. And people that I know of who have had practical nurses training and they have done this kind of work for years. I would not discriminate just because of age. This has been done in the past. There were people who have stayed with patients and hired a lady to take care of their needs. Really, in the stage of dying. Or as companions. Temporarily. This is the best facility we know to take care of all our needs.

**Group Six: Burcham Hills Nursing Home (Six females) (n=6)**

This group consisted of the nursing home resident area of the triple care facility that is also mentioned in Group six. This group had six females but one was not cognizant of her surroundings and another had Alzheimer's with somewhat unreliable responses. The ages of the participants were 85 to 102 years. Clearly this was the oldest group. And clearly, this group was unable to answer the questions related to assisting other seniors citizens. They were unable to care for themselves at this time and none of them were mobile without the use of assistive devices (wheelchairs, walkers) except the one Alzheimer patient whose responses were not reliable.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

Nursing Home	(3) changes	3 changes
Michigan	(1) same	<b>(50%)</b>
Here at Burcham (Assisted Living)	(2) same	

Percent of those wanting to change sites is unclear because they are already in a facility that can adapt to the decrease in their level of care without having to change facilities. However, 4 stated nursing home as different from their present living arrangements.

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

mom and dad, husband	(1) Y	4 Yes
sister	(1) Y	<b>(66%)</b>
other family members	(1) Y	
another teacher and parents	(1) Y	
sister took care of me	(1) N	
never cared for anyone completely	(1) N	



we never thought of ourselves as being sick

and needing a doctor, momma took care of it

Note: Several residents were experienced at helping others in the past including ailing husbands before their death. One had a husband that was ill for only two weeks before he died in the hospital. She indicated that fortunately, she did not have experience in taking care of others.

**Would you be interested in taking care of another senior citizen?**

Will help others in the same building	(1) Y	2 Yes
---------------------------------------	-------	-------

Prefer to take care of friends	(1) Y	(33%)
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who you know need help

Not in opposition to help but I cannot	(1) N
--	-------

Not supposed to touch other residents	(1) N
---------------------------------------	-------

I want to help my roommate get back into bed but cannot

Wouldn't want to do something	(1) N
-------------------------------	-------

that would hurt someone

I want to but I cannot	(1) N
------------------------	-------

Note: When asked if they would be willing to help most stated that they were not able at the present time. Ages of this group range from 75 to 87. Although able to walk, they were not independent. Two used walkers to get to the meeting room.

**Would it be better or worse if you knew the person that needed help?**

I want to know something about them

My father helped railroad friends, he helped out gladly.

Prefer to help out friends who you know need help

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

Not applicable because respondents were not interested in doing care at this time.

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

I have had a nursing course

Not able/willing to care for others; therefore this question is not applicable to this group.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

No difference in age	(1) Y	6 Yes
As long as they know what they are doing	(1) Y	<b>(100%)</b>
55 is more desirable than 25, more experienced	(1) Y	
Experience Counts (Older is better)	(1) Y	
65? depends on how they function	(1) Y	
Would not refuse care from 75	(1) Y	

if they were capable. Older than me is okay, if they are OK.

Young person. (not an age but an ability) They are older than I thought; I thought this person was 18 and she was really 30.

**Question Six:**

**What else would you like me to know?**

I think it will be very difficult to hire Senior Citizens (particularly in my family) that want to take care of Senior Citizens. They want to SEE THE WORLD and ENJOY LIFE and if they are retired, I don't think you can find some to take care of Senior Citizens.

There are a lot of them doing it now in this building.

You mean you might actually hire a person to do a job to take care of seniors? No Way.

That won't work at all.

They have pensions and Social Security and they won't. And if they are able to take care of others they will take care of themselves first and not go out and get a job.

**Group Seven: Older Person's Council (OPC) (Nine males) (n=9)**

From the Senior Center, an adult men's volleyball team and their opponents were approached for the purpose of attaining their opinions on the subject of volunteers in health care. The group consisted of all men. Each team knew their team members but did not know their opposing team. Both teams were interviewed simultaneously. The ages ranged from 57 to 70. All participants lived in independent homes, trailers, or apartments, but not in senior living arrangements. These comments were much different from the other groups. It was attributed to the only group with large numbers of males and it also consisted of the most agile and healthy participants.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I expect my children to take care of me.	(1) S	0 Change
In my situation, I will probably still	(1) S	(0%)
have my wife to take care of me		
I want a good lookin' blonde to take care of me		
I want a registered nurse from U of M to take care of me.		
I would like to stay in my home too	(1) S	
Stay in the home	(2) S	
It would depend upon how seriously ill you were	(1) S	
Rest agreed to stay in their own homes	(3) S	

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

Yes	(3) Y	5 Yes
Mother and both in-laws	(1) Y	55%
90 year old aunt and 93 year old uncle	(1) Y	

No (3) N

We hired someone to take care of my mother (1) N

**Would you be interested in taking care of another senior citizen?**

Participants agreed that they would help out if it did not include hands-on care. They would not assist someone that was not in their family. (9) N 0 Yes

They would help family members only as needed (0%)

**Would it be better or worse if you knew the person that needed help?**

Would not assist for someone that they did not know or as a job.

Would be very willing to assist people that they know for spur of the moment needs.

Not interested in scheduling assistance.

Take someone to the hospital. Volunteer work (3) Y

Transportation (1) Y

They would give help on the spur of the moment.

Nothing long term. Would give a male a shave and a haircut. Depends on the need.

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

I work in a nursing home sometimes. Security. (for pay)

I'm not interested in doing it.

It depended upon what you had to do.

I think at a certain age, that you would want pay for it.

If you want to do it, you would do it.

It depends on a person's financial status. If you need the money..

There is a voluntary respite program at the Archdiocese, Catholic parish; they get anywhere from 20 to 50 people at a parish. I think that 95% of them are not related.

There is a program at the OPC for Meals on Wheels that are all volunteers. It helps those people that cannot get out to eat. That kind of stuff I feel comfortable in doing. But to give somebody "nursing care" is not my bag, for pay or otherwise.

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

Depends on what kind of care is needed. Cutting the grass? Or picking up some milk.

If its changing bandages or something like that, You are not trained to see an infection.

This group is healthy enough to care for someone but does not feel interested in taking care of someone. They would do anything for their family members, "everything within my power". But for those outside of the home, they were all reluctant to agree to help with anything.

One stated that he was capable of taking care of someone right now if he had to.

You are afraid to do it for someone outside of the family but you wouldn't be afraid to do it for your own family member. (In terms of being sued.)

Complete strangers, you don't know what that person has. Even an outside relative you tend to not do as much.

You don't have the companion (with a stranger) You do it out of love.

That better be the reason, too, because you don't want to pay for it.

I work in a hospital and a nursing home and I always wear a couple pairs of gloves, you don't have no idea what they might have.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

Age is not a problem, (3) Y

it must be a person that you have confidence in

Senior, I would have more confidence in seniors (3) Y 8 Yes

Older persons have more compassion (1) Y (88%)

My wife (1) Y

Younger person

(1) N

All of the participants did not feel that they would be ill. They would probably drop dead first and fast. They did not anticipate any need for assistance. One was more worried about his wife because he expected that she would outlive him.

The older they are the better. (Not intended as a serious comment) As long as they are in better shape than we are. Choose 55 to 65 or 70 or generally 55 and over; but preferably the younger seniors. My folks are up in the senior area and they are just going right along. (**Reminder:** This group of participants are aged 57 to 70. They refer to their parents as the seniors in question and not themselves.)

**Question Six:**

**What else would you like me to know?**

Seniors are much more dedicated. Fast food chains are beginning to find that out too.

The older person hangs in there.

As long as the individual is competent, I don't think age should play a factor

Experience plays a role.

**Group Eight: Owosso Council on Aging (Nine Females and One Male) (Eliminated 1 female) (n=9)**

This was a group in a small town that was meeting for a luncheon program at their senior citizen center. The group consisted of all women. In comparison to the senior men's group (Group Seven), the ages were slightly older than the all male group. Ages represented here were 69 through 86 years of age. This female group was definitely less agile than the volleyball players. The mobility of this group was hindered in that some required walkers for ambulation. The participants did not indicate that they were still employed, however, all participants lived in independent, individual homes or apartments which were not classified as senior citizen living arrangements.

**Question One:**

**If you became ill and were unable to take care of yourself, where would be the best place to live?**

I want to stay right at home	(1) S	0 Changes
I told my family that. Don't take me out	(1) S	(0%)
of my home where I don't know where I am going to.		
All the rest agreed to the above	(7) S	

**Question Two:**

**Have you ever taken care of someone before because they were unable to take care of themselves?**

I have done that. We have only been married	(2) Y	3 Yes
for one year. But we each took care of		(50%)
our wife/husband before that		
Took care of neighbor	(1) Y	
My husband	(1) Y	
No. Fortunately	(1) N	
No me either.	(4) N	

**Would you be interested in taking care of another senior citizen?**

I would like to if I were able.	(1) Y	1 Yes
Absolutely not.	(1) N	(11%)
Same here.	(5) N	
I have enough to take care of myself	(1) N	
It would be too scary for me.	(1) N	

hey (Alzheimers) don't know what they are doing and they could hurt you.

With further discussion of possibly only assisting in getting someone to the doctor's, or to sit with them as a companion. Many changed their minds. They were not able to physically able to do personal care and lifting and immediately had answered no. They would be willing to assist when possible, but were still not able to even do the menial tasks that were mentioned. "Not the way I feel right now." (Previous nurse). Another was really busy.

"It's not that you don't want to. But at the precise time that they may be ill, you may have a problem yourself."

"Like someone younger. Those 55 and 60, they are better off. They are healthier, as a rule. When you reach your 70's, things change."

**Would it be better or worse if you knew the person that needed help?**

Wouldn't make any difference to me.

If they needed help, they needed help.

If I was able to do it, it wouldn't matter to me.

We're friends.

I think I would rather know them. I would probably have more trouble helping strangers.

**Question Three:**

**Would you be interested in volunteering your time or would you expect some pay for this service?**

I wouldn't want any pay. (2)



If they just give it to you that's fine. (1)

If I had to go here and then go there, (commitment) and felt that you had to be there, and it stopped you from doing something else, then I would want pay. But then I wouldn't want to do it.

Transportation means a lot of responsibility, but then I wouldn't want to do it.

**Note:** Doing things for friends does not constitute pay. They would all accept gas money if offered. They would not want to do anything on a regular basis. Most were already too busy with their own schedules.

**Question Four:**

**What kind of training would you want before caring for another senior citizen?**

No one would feel comfortable right now taking care of another person.

Perhaps cooking, or setting and visiting would be okay for now. Or reading. I wouldn't need training to do that.

I could visit or take someone shopping.

**Question Five:**

**What age of caregiver would be best to take care of you? Is older ok?**

No difference to me	(1) Y	9 Yes
Younger (55-60 are okay)	(1) Y	(100%)
It would have to be somebody qualified	(7) Y	

In general they all agreed that if the person was qualified and able to care for them, the age would not be a problem or concern.

**Question Six:**

**What else would you like me to know?**

"Check those people out carefully before you hire them"